Botox Cosmetic® Treatment Form

Patient Name (Please Print)

Chief Complaint

Date of Service (Treatment)

Dilution Used

<table>
<thead>
<tr>
<th>Saline</th>
<th># Units/1.0ml</th>
<th># Units/0.1ml</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0 cc</td>
<td>100 U/1.0ml</td>
<td>10 U/0.1ml</td>
</tr>
<tr>
<td>2.0 cc</td>
<td>50 U/1.0ml</td>
<td>5 U/0.1ml</td>
</tr>
<tr>
<td>2.5 cc</td>
<td>40 U/1.0ml</td>
<td>4 U/0.1ml</td>
</tr>
<tr>
<td>4.0 cc</td>
<td>25 U/1.0ml</td>
<td>2.5 U/0.1ml</td>
</tr>
<tr>
<td>5.0 cc</td>
<td>20 U/1.0ml</td>
<td>2 U/0.1ml</td>
</tr>
</tbody>
</table>

Medication Information

Lot Number

Expiration Date

Place Label Here

Note: Please mark diagram (above) with number of units at each injection area as a history of the dosage per area. If touch-up treatments are performed please note original chart. This record is helpful for future treatments as it details the dosages per treatment area prior.

Total Units (Forehead) ________
Total Units (Glabellar) ________
Total Units (Crows Feet) ________ (R) ________ (L)
Total Units (Other Area) ________

TOTAL UNITS = ________

Remarks: ___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

Injector/Clinician Signature ____________________________

Physician Signature ____________________________